


<b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>				Docket No. <b>07620004PA</b>	
Applicant(s): <b>Darren Kenneth ROGERS, et al.</b>					
Serial No. <b>09/905,344</b>	Filing Date <b>SEP 25 2003</b>	Examiner <b>MEDLEY, Margaret B.</b>	Group Art Unit <b>1714</b>		
Invention: <b>REINFORCED DESIGNED CELLULAR COAL</b>					
<u>TO THE COMMISSIONER FOR PATENTS:</u>				<b>RECEIVED</b> <b>OCT 03 2003</b> <b>TC 1700</b>	
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted. <input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	20 -	20 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$42.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>23-1951</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ <i>Signature</i>			Dated: <b>September 25, 2003</b>		
<b>Philip D. Lane, Registration No. 41, 140</b>  <b>McGuire Woods LLP</b> <b>1750 Tysons Blvd., Suite 1800</b> <b>McLean, VA 22102</b> <b>Tel: (703) 712-5069</b> <b>Fax: (703) 712-5296</b>			I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  _____ <i>Signature of Person Mailing Correspondence</i>  _____ <i>Typed or Printed Name of Person Mailing Correspondence</i>		
CC:					